SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER
1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND DEP. <u>23</u> !7 :9 . 3 FAL TOTAL ľAL TOTAL DEP. AL KAN T TOTAL CLAIMS 1-1360 (3-78) •MAY BE LASD FOR ADDITIONAL CLAIMS OR AMENDMENTS U.S. DEPARTMENT of COMMERCE Potent and Tradomark //files